



Group Administrators, Ltd.

450 East Remington Road • Schaumburg, IL 60173-4540

Phone (847) 519-1880 • Fax (847) 519-1979

www.groupadministrators.com

Specialists In:

Health Insurance

Claim Processing

Cafeteria Plans

COBRA Administration

July 19, 2006

Nationwide Recovery
Attn: Randy Hoffenauer
74-923 HWY 111
Indian Wells, CA 92210

Re: American Medical Management/MCJM, Inc.
Case # 5106456
Colleen Mitchell
Dates of Service: 10/01/02 through 12/03/02
Structural Iron Workers Local #1 Welfare Fund

Dear Mr. Hoffenauer:

The Structural Iron Workers Local #1 Welfare Fund received total billings for the above service dates from American Medical Management/ MCJM, Inc. in the amount of \$1,105.00. No claims in excess of this amount have ever been filed with the Fund with respect to treatment of Colleen Mitchell. Enclosed are two separate checks with Explanations of Benefits (EOBs) attached making payment in full of the \$1,105.00 in claims actually filed with the Plan.

Your correspondence of March 10, 2005, to Colleen Mitchell indicates a balance of \$3,256.39. American Medical Management never submitted claims totaling this amount to the Fund. Any claims alleged submitted in excess of the actual \$1,105.00 must be documented with proof acceptable to the Fund trustees of submission in a timely manner. Under the terms of the Fund's Plan, claims must be submitted within 12 months of the date incurred.

EXHIBIT

tabbles

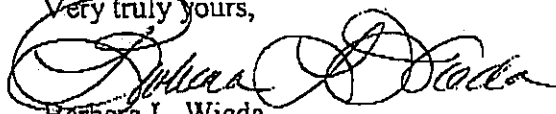
C

Page 2
July 19, 2006
Nationwide Recovery
Ms. Colleen Mitchell

The enclosed checks totaling \$1105.00 are in full satisfaction of claims actually submitted to the Plan.

On Behalf of Structural Iron Workers Local #1 Welfare Fund,

Very truly yours,



Barbara L. Wieda
Vice President

Cc: Ms. Colleen Mitchell

[REDACTED]
[REDACTED] IL [REDACTED]

Mr. Steve Bukovac
Structural Iron Workers Local Union #1
7700 Industrial Drive
Forest Park, IL 60130

STRUCTURAL IRON WORKERS LOCAL #1
WELFARE FUND CLAIMS ACCOUNT
7700 INDUSTRIAL DRIVE
FOREST PARK, IL 60130

SSN: [REDACTED]	POLICY: [REDACTED]
[REDACTED]	SIW

Payable Through
LASALLE BANK
CHICAGO, IL

CHECK NO.	0000047481
CHECK DATE	07/18/06
Valid after 6 months	
PAY THIS AMOUNT	
\$ 140.00	

PAY ONE HUNDRED FORTY & NO/100 DOLLARS

TO THE ORDER OF AMERICAN MEDICAL MANAGEMENT IN
1954 FIRST ST
HIGHLAND PARK, IL 60035

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

AMERICAN MEDICAL MANAGEMENT IN
1954 FIRST ST
HIGHLAND PARK, IL 60035

GROUP ADMINISTRATORS, LTD.

450 E. Remington Road
SCHAUMBURG, IL 60173-4540
(847) 519-1880

PROVIDER PAYMENT REPORT

PAGE : 1
CHECK NO : 47481
DATE PAID : 07-18-06
GROUP : SIW
DIVISION : 101

PATIENT ACCOUNT NO	CLAIM	DATES OF SERVICE	PROC CODE	TYPE OF SERVICE	TOTAL CHARGE	PROVIDER DISCOUNT	INELIGIBLE AMOUNT	DEDUCT CD	COINS COPAY	OTHER CARRIER	BENEFIT PAID
MITCHEL03	[REDACTED]	10/15-10/15/02	[REDACTED]	[REDACTED]	90.00	0.00	0.00	0.00	0.00	0.00	90.00
	[REDACTED]	10/15-10/15/02	[REDACTED]	[REDACTED]	50.00	0.00	0.00	0.00	0.00	0.00	50.00
MITCHELL, JAMES	[REDACTED]	Spouse		COLLEEN J.	140.00	0.00	0.00	0.00	0.00	0.00	140.00
TOTALS					140.00	0.00	0.00	0.00	0.00	0.00	140.00

STRUCTURAL IRON WORKERS LOCAL #1
WELFARE FUND CLAIMS ACCOUNT
7700 INDUSTRIAL DRIVE
FOREST PARK, IL 60130

SSN: [REDACTED]	POLICY: [REDACTED]
[REDACTED]	GIW

Payable Through:
LASALLE BANK
CHICAGO, IL

CHECK NO:	0000047480
CHECK DATE:	07/18/06
Valid after 6 months	
PAY THIS AMOUNT:	\$****965.00

PAY NINE HUNDRED SIXTY FIVE & NO/100 DOLLARS

TO THE
ORDER OF
NATIONWIDE RECOVERY ON BEHALF OF
AMERICAN MEDICAL MANAGEMENT
74-923 HWY 111
INDIAN WELLS, CA 92210

[Signature]

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

II [REDACTED] I [REDACTED] [REDACTED]

GROUP ADMINISTRATORS, LTD.

450 E. Remington Road
SCHAUMBURG, IL 60173-4540
(847) 519-1880

NATIONWIDE RECOVERY ON BEHALF OF
AMERICAN MEDICAL MANAGEMENT
74-923 HWY 111
INDIAN WELLS, CA 92210

PROVIDER PAYMENT REPORT

PAGE : 1
CHECK NO : 47480
DATE PAID : 07-18-06
GROUP : SIW
DIVISION : 101

PATIENT ACCOUNT NO	CLAIM	DATES OF SERVICE	PROC CODE	TYPE OF SERVICE	TOTAL CHARGE	PROVIDER DISCOUNT	INELIGIBLE AMOUNT	DEDUCT CD	COINS COPAY	OTHER CARRIER	BENEFIT PAID
MITCHELO3	[REDACTED]	10/01-10/01/02	[REDACTED]	[REDACTED]	225.00	0.00	0.00	0.00	0.00	0.00	225.00
MITCHELL, JAMES		880149685 Spouse		COLLEEN J.	225.00	0.00	0.00	0.00	0.00	0.00	225.00
MITCHELO3	[REDACTED]	10/08-10/08/02	[REDACTED]	[REDACTED]	90.00	0.00	0.00	0.00	0.00	0.00	90.00
	[REDACTED]	10/08-10/08/02	[REDACTED]	[REDACTED]	50.00	0.00	0.00	0.00	0.00	0.00	50.00
MITCHELL, JAMES		880149685 Spouse		COLLEEN J.	140.00	0.00	0.00	0.00	0.00	0.00	140.00
MITCHELO3	[REDACTED]	11/05-11/05/02	[REDACTED]	[REDACTED]	150.00	0.00	0.00	0.00	0.00	0.00	150.00
	[REDACTED]	11/05-11/05/02	[REDACTED]	[REDACTED]	50.00	0.00	0.00	0.00	0.00	0.00	50.00
MITCHELL, JAMES		880149685 Spouse		COLLEEN J.	200.00	0.00	0.00	0.00	0.00	0.00	200.00
MITCHELO3	[REDACTED]	11/19-11/19/02	[REDACTED]	[REDACTED]	150.00	0.00	0.00	0.00	0.00	0.00	150.00
	[REDACTED]	11/19-11/19/02	[REDACTED]	[REDACTED]	50.00	0.00	0.00	0.00	0.00	0.00	50.00
MITCHELL, JAMES		880149685 Spouse		COLLEEN J.	200.00	0.00	0.00	0.00	0.00	0.00	200.00
MITCHELO3	[REDACTED]	12/03-12/03/02	[REDACTED]	[REDACTED]	150.00	0.00	0.00	0.00	0.00	0.00	150.00
	[REDACTED]	12/03-12/03/02	[REDACTED]	[REDACTED]	50.00	0.00	0.00	0.00	0.00	0.00	50.00
MITCHELL, JAMES		[REDACTED] Spouse		COLLEEN J.	200.00	0.00	0.00	0.00	0.00	0.00	200.00
TOTALS					965.00	0.00	0.00	0.00	0.00	0.00	965.00